

Albemarle Ballet Theatre

The Studio For the Performing Arts

GENERAL INFORMATION

The goal of our scholarship program is to ensure that all students, regardless of their economic ability are given the opportunity to study dance in a professional school. SFTPA offers Scholarships based on financial need to ABT students. Please see description below.

ELIGIBILITY

In order to be considered for a SFTPA scholarship, applicants must meet the following criteria:

1. Demonstrate above average commitment and passion for dance
2. Provide tax returns and pay stubs
3. Attend all scheduled classes and rehearsals
4. Abide by ABT's Policies and Etiquette and set an example for other students as a representative of the school

SELECTION PROCESS

All decisions to award scholarships are made by The Studio for the Performing Arts Scholarship Committee. Decisions to award scholarships are made based on financial need, funding availability, and other criteria determined by the Scholarship Committee. SFTPA's Committee reserves the right not to award scholarships if, in the opinion of the Committee none of the applicants meet the qualifications.

SCHOLARSHIP DESCRIPTION

Students ages 3-18 years old are eligible for financial based scholarships. SFTPA is committed to ensuring that every child who wants to dance is given the opportunity to dance and we make every effort to give qualifying students scholarships. If a student is selected for this scholarship they must agree to attend all scheduled classes and rehearsals, and uphold ABT's Policies and Etiquette.

(Please sign after reading this page)

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| ABT SCHOLARSHIP APPLICATION | | |
|---|----------------|---------------|
| Attach copies of tax returns and paystubs | | |
| Student Information | | |
| Student Name: | | |
| Email: | DOB: | Age: |
| School & Grade: | | |
| Current Address: | | |
| City: | State: | ZIP Code: |
| Gender: (Please circle) Male Female | Years Dancing: | Years at ABT: |
| Dance Training: | | |
| Mother Information | | |
| Name: | | |
| Occupation: | | |
| Home Phone: | Cell: | Work: |
| Email: | | |
| Father Information | | |
| Name: | | |
| Occupation: | | |
| Home Phone: | Cell: | Work: |
| Email: | | |
| Income Information | | |
| (Monthly) Current Family Gross Income: | | |
| (Monthly) Additional Income or Assistance: | | |
| Last Year's Family Gross Income: | | |
| Household Size: | | |
| Signatures | | |
| I authorize the verification of the information provided on this form as truthful and honest. I have received a copy of this application. | | |
| Signature of Student: | | Date: |
| Signature of Mother: | | Date: |
| Signature of Father: | | Date: |